This Issue:

Training Seminars

Reserve an available spot for one of our open training seminars.

Novato
Workshop/D618 - July 14, 2016

Webinar
Basic & EDI/D619 - July 20, 2016

Provider Enrollment Assistance Line

Speak with an Enrollment Specialist. Go here for more information!

Wednesday, July 20, 8 am - 4 pm.

Hints, Tips, and Reminders for Document and Radiograph Submissions

To increase efficiency, Denti-Cal recently implemented new document scanning technology for documents and radiographs. The following reminders and recommendations are designed to aid providers in submitting documentation that will take full advantage of the new technology and expedite processing.

Note: Denti-Cal does not return conventional or paper copies of radiographs/photographs.

Helpful Hints for Radiographs/Photographs

1. All radiographs/photographs **must include** the following on each image or page:

    a) Beneficiary name,

    b) Date the radiograph was taken, and

    c) Orientation (right/left or individual tooth numbers).

2. Please do not write any required information on the backside of any images or attachments. The scanners only capture information written on the front of the attachments.

3. When submitting radiographs using plastic sleeve mounts please ensure:

    a) There is only one radiograph per sleeve.

    b) The plastic sleeves are clean.

    c) The label with the required information is only placed on the front side of the mount.

4. **Please mount all radiographs.**

4. When submitting claims for multiple patients in one envelope, ensure that the radiographs/photographs for the respective patient are stapled to the associated claim/TAR.

5. Use only one staple in upper right or left corner of the claim/TAR to attach radiographs or paper copies.

6. **Do not** submit original radiographs/photographs. Original radiographs/photographs are part of the patient's clinical record and shall be retained by the provider at all times.

Recommendations for Printing Radiographs/Photographs

1. Digital or paper copies of radiographs/photographs must be larger than 2 inches by 3.5 inches (about the size of a business card).

2. Use white copier paper that is 20lb or heavier to submit paper copies of radiographs/photographs. Images printed on thinner paper (i.e., less than 20lb) tend not to be of optimum quality and may lead to denials based on non-diagnostic radiographs/photographs.

3. Do not use glossy or photo paper.

4. Do not fold the radiographs/photographs.

Reminders and Tips for Documents

1. Leave fields 36 ("Patient Share of Cost Amount") and 37 ("Other Coverage Amount") blank if there are no share of cost or other coverage amounts. If there is other coverage, then mark field 13 ("Other Dental Coverage?") and enter the amount in field 37.

2. Make sure printers have sufficient toner/ink to produce dark, legible print. Documents submitted with print that is too light and/or illegible will not be processed.

3. If it is necessary to punch holes in a document for record retention, then take care not to punch through important information such as the Base Document Control Number (DCN) found at the top of a Notice of Authorization (NOA).

4. On Claim forms, complete **all** claim service lines (fields 26 through 33). Incomplete lines will delay claim processing and payments.

5. All printed characters need to stay within field boundaries, regardless if using a printer or filling out a document by hand.

6. Use a laser printer for best results. If handwritten documents must be submitted, use neat block letters and blue or black ink.

NEED MORE INFORMATION?

Provider Enrollment Workshops

Are you a dental provider who is interested in joining the Denti-Cal program but don't know where to start? Do you have questions about the Denti-Cal enrollment process? Then please drop-in anytime during the hours scheduled below to attend one of our enrollment workshops! Registration is preferred, but not required.

Date/Time:	Location:	County:
Friday, July 8, 2016 8:00 AM - 4:00 PM Register Now!	Holiday Inn Auburn 120 Grass Valley Highway Auburn, CA 95603	Placer County
Friday, July 20, 2016 8:00 AM - 4:00 PM Register Now!	Double Tree 2800 Via Cabrillo Marina San Pedro, CA 90731	Los Angeles County

7. Font should be large enough to be read easily (i.e. Arial 11).

8. All Denti-Cal forms, such as claims/TARs/NOAs/Resubmission Turnaround Documents (RTDs)/Claim Inquiry Forms (CIFs) require a live signature from the provider or authorized staff member in blue or black ink. Rubber stamps or "signature on file" cannot be accepted.

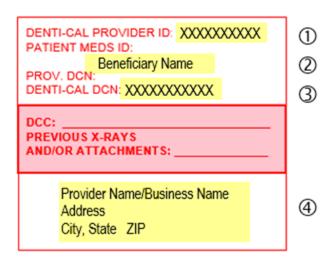## Electronic Data Interchange (EDI) Submissions

Reminders and Tips for EDI Documents

1. Make sure printers have sufficient toner/ink to produce dark, legible print. Documents submitted with print that is too light and/or illegible will not be processed.

2. Print documents, such as EDI NOAs and RTDs, with a font size equivalent to Arial 11pt. Documents that are too small to read will experience processing delays and possible rejection.

3. Do not print two separate documents on one piece of paper (e.g., an EDI NOA for one beneficiary on one side, and another EDI NOA for a different beneficiary on the other side).

Labels

EDI labels must include the following information:

1. Billing National Provider Identifier (NPI) next to "DENTI-CAL PROVIDER ID".

2. Beneficiary First and Last Name below "PATIENT MEDS ID".

3. Denti-Cal DCN, also referred to as the Base DCN.

4. Provider's name and address.

EDI labels without these four items cannot be processed and must be returned for completion. Other information may be included, but is not mandatory. The pink area is used by Denti-Cal only.

Partially preprinted labels (DC-018A) will arrive from the supplier already imprinted with the provider's Billing NPI listed as the Denti-Cal Provider ID and the provider's name and address. If the DC-018A label is used, only the Beneficiary's Name and Denti-Cal DCN must be handwritten on the label as indicated above.

For more information, please contact the Denti-Cal Provider Customer Service line at (800) 423-0507 or EDI Support at (916) 853-7373 or send an e-mail to denti-caledi@delta.org.

For Faster Denti-Cal Payments, Enroll in Electronic Funds Transfer (EFT) Today!

Denti-Cal encourages providers to enroll in the EFT program. With EFT, Denti-Cal automatically deposits payments into a provider's designated savings or checking account, which means:

♦   No more lost or misdirected checks

♦   No more waiting for checks to arrive in the mail

♦   No more trips to the bank

♦   Payments are available faster

To participate in the program, providers must complete and sign the attached Electronic Funds Transfer (EFT) Enrollment Form. Providers can also obtain a form by calling the Provider Customer Service line at 1-800-423-0507 or by writing to Denti-Cal at this address:

> **Denti-Cal**
> **Attn: Provider Enrollment Department**
> **PO Box 15609**
> **Sacramento, CA 95852-0609**

Instructions for completing the EFT form are available in the Providers Application Forms section on the Denti-Cal website at www.denti-cal.ca.gov.

The EFT form must include the following:

♦   The provider's original signature (in blue ink), and

♦   A preprinted, voided check attached to the form or a letter from the bank signed by an authorized agent confirming the provider's account information.

Providers must mail the completed form and bank account verification to Denti-Cal at the address shown above.

Upon receipt of the EFT form, Denti-Cal will send a "test" deposit to the bank. This will result in a "zero" deposit for that payment date. The test cycle usually takes three to four weeks to complete. During the test cycle period, providers will continue to receive Denti-Cal payment checks through the mail.

The amount of each deposit will appear on the corresponding Explanation of Benefits once direct deposit begins.

More information about direct deposit can be found in "Section 3: Enrollment Requirements" of the Provider Handbook.

For questions, please contact the Denti-Cal Provider Customer Service line at 1-800-423-0507.